

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1760 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 27th 1887

Full Name of Deceased, James Goodwin
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 68 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, Engineer

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 38 Elliott St life time

Place of Death, 30 38 Elliott St
{ Give Street and Number. }

Cause of Death, Paralysis Hemiplegia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Paralysis 2 years Erysipelas 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1887

Undertaker, Denny & Mitchell Medical Attendant, E. P. Richard M. D.

Place of Business, 288 S. Broadway Address, 38 30 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1761

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, Thomas Decker

Sex, Male or Female, Male

Age, 2 Years, 4 Months, 25 Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Clerk

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, 1366 N. Mount St

Cause of Death, Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 28, 1887

Undertaker, Bernhard Harle

Place of Business, 115 West St

Address, 2100 Mount Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1762

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1762 Office of Registrar of Vital Statistics. Ward 18¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philomina Gertrude Schatzky

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 Years, 5 Months, 4 Days

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 1920 W Pratt St

Cause of Death, {First (Primary), Cholera Infantum
Second (Immediate), Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 28th 1887

{Undertaker, John P. Paulus } J. L. Hammer M. D.
Medical Attendant.

{Place of Business, 2009 Stud. Ave. Address, 212 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1763

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1763 Office of Registrar of Vital Statistics. Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th / 87

Full Name of Deceased, Samuel Browning.

Sex, Male or Female, Male

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, Baltimore University Hospital & Bond No. 2123 2527829

Cause of Death, First (Primary), Mitral insufficiency
Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Phila Rd, M. & A. M. E. Church

Date of Burial, July 28th / 87

Undertaker, Geo. Rinehart M. D.

Place of Business, Health Office Address, Baltimore University Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 1764 Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary West

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 3 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

808 Pierce St

Cause of Death, { First (Primary), }

Infantile

{ Second (Immediate), }

Premature Birth

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 27 / 87

Undertaker, G. E. Brown

Place of Business, Health Office Address, Camp 104th

James A. Menard M. D.

Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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W. B. Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1765 Office of Registrar of Vital Statistics.

Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary, M. Rowe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, 2 Months, 14 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, { Give Street and Number. } Bayard Street # 1216

Cause of Death, { First (Primary), Second (Immediate), } Affection of the Heart -

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Int Oboit

Date of Burial, July 29/87

{ Undertaker, Christy

{ Place of Business, 715 Light Address, _____

L. S. Sparrow M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1766

Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28, 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John T. Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years, 9 Months, 2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. }

210 Cornway St
Halewood

Cause of Death, { First (Primary), Second (Immediate), }

Bronchitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, July 29th 1894

{ Undertaker, E. F. Kranss for J. K. Wiley M. D. Medical Attendant.

{ Place of Business, 703 Hanover Address, 405 Wiley Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4787 Transit

No. 1767

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1767 Office of Registrar of Vital Statistics. Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 27th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank E. Holt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 603 N. Central Ave.

Cause of Death, { First (Primary), Second (Immediate), } Whooping cough
 convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday July 28th

{ Undertaker, Henry Winterfeldt B. Henry M. D. Medical Attendant.

{ Place of Business, Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1708

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1748 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara F. Krissner,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 9 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 924 Franklin St

Cause of Death, { First (Primary), Cholera Infantum }
{ Second (Immediate), Exhaustion }
F dys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem

Date of Burial, July 29th 1887

{ Undertaker, Dr Lewis Schaefer } M. D. H. Croath

{ Place of Business, 315 N Fremont Address, 1520 Lombard } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

NO. 2707

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 1769 Office of Registrar of Vital Statistics.

Ward 13²

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1882

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Rosa Watts

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

Months,

5

Days.

Color,

col

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life-time

Place of Death,

{ Give Street and Number. }

651 Raborg street

Cause of Death,

{ First (Primary),

Pertussis

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

July 28th 1882

{ Undertaker,

Alex Hensley

W. S. Titcomb, M. D.

Medical Attendant.

{ Place of Business,

561 Orchard

Address, 836 W Balbo. St

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[OVER.]